

13142 U.S. PTO  
041604

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

22390 U.S. PTO  
10/826094  
041604

Applicant: MADHYASTHA  
Docket: 14233.16USU1  
Title: SYNERGISTIC ANTIMICROBIAL COMPOSITIONS AND METHODS FOR REDUCING BIOFILM FORMATION

CERTIFICATE UNDER 37 CFR 1.10

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Date of Deposit: April 16, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Teresa Anderson  
Name: Teresa Anderson

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 37 pgs; 35 claims; Abstract 1 pgs.  
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 18 sheets of formal drawings
- ☒ Small entity status is claimed pursuant to 37 CFR 1.27
- ☒ An unsigned Combined Declaration and Power of Attorney
- ☒ A check in the amount of \$520.00 to cover the Filing Fee
- ☒ Application Data Sheet, 2 pages.
- ☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee      |
|------------------------------|---|---------------|---|--------------|---|-------|---|----------|
| Basic Filing Fee             |   |               |   |              |   |       |   | \$385.00 |
| Total Claims                 |   |               |   |              |   |       |   |          |
| 35                           | - | 20            | = | 15           | x | 9.00  | = | \$135.00 |
| Independent Claims           |   |               |   |              |   |       |   |          |
| 1                            | - | 3             | = | 0            | x | 43.00 | = | \$0.00   |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00   |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | \$520.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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